

Bloomington Urban Enterprise Association
Business Rehabilitation/Façade Program



Showers City Hall, Room 130
401 N. Morton
P.O. Box 100
Bloomington, IN 47402
(812) 349-3805

Business Rehabilitation/Facade Application

Checklist:

- ☐ Completed application, signatures and dated
- ☐ Up-to-date Financial Statement
- ☐ Project specifications/work write up
- ☐ Contractor Bids
- ☐ Pro Forma Operating Budget
- ☐ Project Timeline

Rehabilitation/Façade Loan Program Application

The information collected below will be used to determine whether the project qualifies under the Rehabilitation/Facade Loan Program.

Applicant Information:	
Applicant (include the names of all partners):	Phone: ()
Applicant Address (include Zip Code):	
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Organization	
Contact Person: _____ Tel: () _____	
Property for Rehabilitation:	
Address (include Zip Code):	
Please write a brief description of the project:	
Amount of Existing Debt on Property (List by Name and address and amount for each source):	
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Total	\$ _____
Total Estimated Cost of Project:	Do you have clear title to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to apply for: Local Tax Abatement: <input type="checkbox"/> Yes <input type="checkbox"/> No Tax Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	Answer for all partners: 1. Have you ever defaulted on a job/loan? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you been adjudged bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Have you ever been debarred from the State or Federal contractor construction listing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you discussed this project with the City Planning Department? If yes, please attach copy.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Price Breakdown Sheet:	
<i>Item</i>	<i>Amount</i>
Demolition	\$
Site Work	\$
Construction costs (attach copy of work write-up/specifications)	\$
Architectural & Engineering Fees	\$
Building Permits/Inspections	\$
Site Survey	\$
Other Costs (title, attorney, recording, etc.)	\$
Interim Costs (insurance, interest, fees)	\$
Permanent Financing fees (closing costs, subordination fees)	\$
Developer's Fee	\$
Marketing/Management	\$
Operating Expenses	\$
Taxes	\$
Insurance	\$
Total	\$
Requested amount of BUEA funds \$ _____	

Project Timeline

Planning and Implementation Phase:	
Is the property zoned for your intended use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property already served by public utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "No" to any of the above questions, please explain.	
Is this project designed for ADA? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	
Will this site require any variances or Plan Commission (BZA, Board of Public Works, CBU) approval? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain.	
Have you developed a site plan (including parking)? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, when _____ (If yes, attach copy of site plan.)	

Construction Phase:	
Contractor's name & address:	
Estimated construction start date:	Estimated construction completion date:
Please attach a construction progress flow chart.	

I hereby certify that the information provided in this application and in support of this application is given for the purposes of obtaining financial assistance from the Bloomington Urban Enterprise Association (BUEA) and is true and complete to the best of my knowledge.

Applicant

Date